Datapoint YE 2001 Technical Notes
Number 7, August 2002

General

1. Statistics for the year end 2001 edition of *Datapoint* are based on short stay acute hospital inpatient discharge data received as of May 10, 2002. The *Datapoint* YE 2001 issue compares the full year 2000 (10/1/99 – 9/30/00) to the full year 2001 (10/1/00 to 9/30/01). Some data that failed DHCFP edits have been included, based on our judgment that they would not substantially affect calculation of the selected indicators.

2. Seventy-seven (77) Massachusetts short stay acute care hospital campuses are included in the analysis. Three hospitals, which submit inpatient discharge data to the Division have been excluded from the data set since they do not provide short stay acute care. These include Kindred Hospital Boston (formerly Vencor-Boston), Kindred Hospital North Shore (formerly Vencor -North Shore), and Caritas Southwood Hospital.

Page 1

1. Diagnosis Related Groups (DRGs) are assigned based on the 3M All-Patient Grouper,Version 12. The top 10 DRGs are identified by calculating the percent of total inpatient charges statewide that each DRG represents for the full year FY 2001. Statistics for FY 2000 are then presented for the same 10 DRGs, regardless of their ranking in that year.

Page 2

1. **Hospital Charges** are not inflation-adjusted and do not represent costs or payments. **Ancillary Charges** include all charges except those for routine and special accommodations.

2. The distribution of **Total Charges per Discharge** is calculated by assigning each statewide patient discharge to one of 50 intervals, based on the total charge for that discharge. Intervals are $1,000 wide, with the exception of the last one, which groups all discharges which have total charges of $50,000 or more. The discharges that fall into each interval are then counted, and the percentage of total discharges statewide that each interval represents is calculated. The lines on the graph **"Distribution of Total Charges per Discharge"** connect the points that indicate the calculated percentages for each interval.

3. The following hospitals are considered teaching hospitals by the Division: Baystate Health Systems, Berkshire, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Cambridge, Carney, Children's Medical Center, Dana Farber, Faulkner, Lahey Clinic, Massachusetts Eye and Ear, Massachusetts General, Mount Auburn, New England Medical Center, St. Elizabeth's, Saint Vincent, UMass/Memorial Medical Center.

Due to hospital technical reporting issues, data for the Somerville campus is combined with data for the Cambridge campus in our calculations. Since the Somerville campus is not considered a teaching hospital, this affects both teaching and non-teaching hospital statistics, and tends to reduce the differences between the two sets of calculations.

Datapoint YE 2001 Technical Notes
Number 7, August 2002

Page 3

1. The **Case Mix Index** (CMI) provides a summary measure of case mix intensity. The CMI is calculated using Massachusetts cost weights for the 3M All-Patient Grouper, Version 12. The base year is FY 1993.

2. The percent increase in **Discharges** and **Total Patient Days** is calculated using only those hospitals for which we have data for BOTH the current time period and the equivalent time period of the previous year.

Page 4

1. **Payer Source** data have been regrouped for purposes of producing *Datapoint* graphs regarding payers. Groupings used are NOT equivalent to the "payer type" reported by hospitals.

2. The graph **"Payer Categories by Percent of Discharges and Charges"** is designed to indicate the total impact of various insurers in the market, while at the same time separating out managed care from non-managed care payers. Thus, the percents of discharges and charges calculated for Harvard Pilgrim, Tufts, Blue Cross Managed Care, Fallon, and Other Managed Care include all discharges attributable to all products they offer, including Medicare and/or Medicaid plans.

3. In contrast, the graph **"Government and Private Payers by Percent of Discharges and Charges"** groups patients by the underlying payer, regardless of plan type. Thus, for example, all Medicare discharges are included in the Medicare category, regardless of whether it was the traditional Medicare program or a Medicare+Choice plan.